

Consolidated Stock Codes

NPIP Official Forms

VS
Form
9-4

U.S. Department of Agriculture Animal and Plant Health Inspection Service National Poultry Improvement Plan Summary of Breeding, Slaughter Plant & Commercial Flock Participation		This report is required by memo of understanding failure to report can result in publication of Incomplete data for NPIP					
		1. State			2. Year		
		3. Submitted By					
4. The Data Reported Below are for Flocks Participating in Subpart: Part 145 <input type="checkbox"/> Part 146 <input type="checkbox"/>							
<input type="checkbox"/> B. Egg Type Chickens <input type="checkbox"/> C. Meat Type Chickens <input type="checkbox"/> D. Turkeys <input type="checkbox"/> E. Waterfowl, Exhibition Poultry and Game Birds <input type="checkbox"/> F. Ratites							
Disease Control Program	Flocks Tested			Flocks with Reactors			
	Number of Flocks	Number of Birds in Flock	Number of Birds Tested	Number of Flocks	Number of Birds in flocks	Number of Birds Tested	Number of Reactors
5. Pullorum-Typhoid							
6. M. gallisepticum Clean							
7. M. meleagridis Clean							
8. M. synoviae Clean							
9. Sanitation Monitored							
10. S. enteritidis Clean							
11. Salmonella Monitored							
12. M. gallisepticum Mon.							
13. M. synoviae Monitored							
14. H5/H7 A. I. Clean							
15. Avian Influenza Clean							
16. H5/H7 LPAI Monitored							
Section B-Flock Participation by Classes and Breeding Status Report in this section only the birds remaining in participating flocks after removal culls and reactors. The status of flocks as the "Primary" or "Multiplier" breeding should be defined in 9CFR 145.1 (s) and (t) and reported on VS Form 9-2 or similar State form which is used for reporting flock selecting and blood testing							
Disease Control Class and Breeding Status	Total Number of Flocks and Birds		Disease Control Class and Breeding Status	Total Number of Flocks and Birds			
	Flocks	Birds		Flocks	Birds		
18.U.S. Pullorum-Typhoid Clean			24. U.S. S. enteritidis Clean				
A. Primary			A. Primary				
B. Multiplier			B. Multiplier				
19. U.S. M. gallisepticum Clean			25. U.S. Salmonella Monitored				
A. Primary			A. Primary				
B. Multiplier			B. Multiplier				
20. U.S. M. meleagridis Clean			26. U.S. M. gallisepticum Monitored				
A. Primary			A. Primary				
B. Multiplier			B. Multiplier				
21. U.S. Synoviae Clean			27. U.S. M. synoviae Monitored				
A. Primary			A. Primary				
B. Multiplier			B. Multiplier				
22. U.S. Sanitation Monitored			28. U.S. Avian Influenza Clean				
A. Primary			A. Primary				
B. Multiplier			B. Multiplier				
23. U.S. H5/H7 Avian Influenza Clean							
A. Primary							
B. Multiplier							

US Animal Health Survey Report



Subject: U. S. Animal Health Association Annual Report

date: May 24, 2013

United States
Department of
Agriculture

To: Official State Agencies
National Poultry Improvement Plan

Marketing and
Regulatory
Programs

Animal and Plant
Health Inspection
Service

Veterinary Services

National Poultry
Improvement Plan
1506 Klondike Rd
Suite 100
Conyers, Georgia 30094
770 922-3496
Fax 770 922-3498
EMAIL Denise.L.Brinson
@aphis.usda.gov

I am officially requesting information for the NPIP report at the U.S. Animal Health Association meeting this fall. Please report the number of positive flocks from **July 1, 2012 - June 30, 2013** for *Salmonella pullorum*, *S. gallinarum*, *S. enteritidis*, *Mycoplasma gallisepticum*, *M. synoviae* and *M. meleagridis* to me by September 1, 2013, either by fax, mail or email. Please include the phage types if they are available in any SE positive breeding flock(s). With respect to Avian Influenza surveillance, please complete the VS Form 9-4 for your respective state. In addition, please record the number of Notifiable LPAI positive flocks in table no. 5 and include the subtype as well. Please feel free to contact me if you have any questions on this request.

State _____ **Name** _____

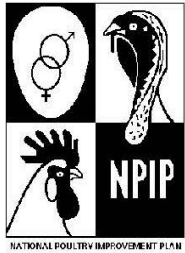


TABLE 1	Breeding chickens (Egg-Type)		
Disease	No. Flocks	No. Birds in Flocks	Phage type if applicable
<i>Salmonella pullorum</i>			
<i>S. gallinarum</i>			
<i>S. enteritidis</i>			
<i>Mycoplasma gallisepticum</i>			
<i>M. synoviae</i>			

TABLE 2	Breeding Chickens (Meat-Type)		
Disease	No. Flocks	No. Birds in Flocks	Phage type if applicable
<i>Salmonella pullorum</i>			
<i>S. gallinarum</i>			
<i>S. enteritidis</i>			
<i>Mycoplasma gallisepticum</i>			
<i>M. synoviae</i>			

TABLE 3	Turkey Breeders		
Disease	No. Flocks	No. Birds in Flocks	Phage type if applicable
<i>Salmonella pullorum</i>			
<i>S. gallinarum</i>			
<i>S. enteritidis</i>			
<i>M. gallisepticum</i>			
<i>M. synoviae</i>			
<i>M. meleagridis</i>			

TABLE 4	Part 145 Waterfowl, exhibition poultry and Game Birds		
Disease	No. Flocks	No. Birds in Flocks	Phage Type or if applicable
<i>S. pullorum</i>			
<i>S. gallinarum</i>			
<i>M. gallisepticum</i>			
<i>M. synoviae</i>			

TABLE 5	Notifiable LPAI positive		
Subpart	No. Flocks	No. Birds in Flocks	Subtype of LPAI
Part 145 Egg-Type Chicken			
Part 145 Meat-Type Chicken			
Part 145 Turkey			
Part 145 Waterfowl, Exhibition Poultry and Gamebirds			
Part 146 Table-Egg Layer			
Part 146 Meat-Type Chicken			
Part 146 Meat-Type Turkey			
Part 146 Subpart E			

Denise L. Brinson, DVM, MAM, DACPV
Acting Senior Coordinator
National Poultry Improvement Plan
USDA-APHIS-VS



VS
Form
9-5

This report is required by Memo of Understanding. Failure to report can result in publication of inaccurate and/or incomplete information for the NPIP.

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE		FORM APPROVED – OMB NO. 0579-0007		
REPORT OF HATCHERIES, DEALERS AND INDEPENDENT FLOCKS PARTICIPATING IN THE NPIP		STATE State	DATE SUBMITTED Date of Submission to NPIP Office	
		SUBMITTED BY: The actual person completing and submitting the 9-5 form to the NPIP Office.		
IMPORTANT: Read instructions on reverse.				
NAMES AND ADDRESSES OF PARTICIPANTS <i>(List alphabetically by Subpart, and give complete mailing address of each, including zip code)</i>	SUBPART OR TYPE OF POULTRY	EGG CAPACITY OR TYPE OF DEALER	PRODUCTS CLASSIFIED "U.S. PULLORUM-TYPHOID CLEAN"	ADDITIONAL CLASSIFICATIONS FOR WHICH THESE PRODUCTS QUALIFY
Part 145 Submissions Please insert the following for each submission: -Name of Farm -Name of NPIP Participant -Participant's complete physical mailing address (do not enter a P.O. box). **The location of the farm must match the state in which is submitting the 9-5 form	Enter ONLY 1 Subpart: <u>Subparts</u> B C D E F G H I	Choose ONE of the following criteria: <u>Independent Flock:</u> A flock that produces hatching eggs and that has NO ownership affiliation with a specific hatchery. <u>Hatchery:</u> Hatchery equipment on one premise operated or controlled by any person for the production of baby poultry. <u>Dealer:</u> An individual or business that deals in commerce in hatching eggs, newly hatched poultry, and started poultry obtained from breeding flocks and hatcheries. This does not include an individual or business that deals in commerce in buying and selling poultry for slaughter only. Types of Dealers to choose from: -Poult -Hatching Eggs -Chick -Hatching egg and chick -Hatching egg and poult -Independent -Started pullets	A stock code (letter or letter and numbers) must be entered for each different breed of bird which is to be certified	Enter all of the classifications that the flock has been tested for <u>Classifications</u> **PT Clean **SE Clean **MG Clean **MG Monitored **MS Clean **MS Monitored **MM Clean **Salmonella Monitored **Sanitation Monitored **AI Clean **H5/H7 AI Clean

VS FORM 9-5 Replaces NPIP Form 27 which is obsolete
(MAR 81)

Any Questions please call the NPIP office for assistance at 770-922-3496

This report is required by Memo of Understanding. Failure to report can result in publication of inaccurate and/or incomplete information for the NPIP.

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE		FORM APPROVED – OMB NO. 0579-0007		
REPORT OF HATCHERIES, DEALERS AND INDEPENDENT FLOCKS PARTICIPATING IN THE NPIP		STATE	DATE SUBMITTED	
		State	Date of Submission to NPIP Office	
SUBMITTED BY:		The actual person completing and submitting the 9-5 form to the NPIP Office.		
IMPORTANT: Read instructions on reverse.				
NAMES AND ADDRESSES OF PARTICIPANTS <i>(List alphabetically by Subpart, and give complete mailing address of each, including zip code)</i>	SUBPART OR TYPE OF POULTRY	EGG CAPACITY OR TYPE OF DEALER	PRODUCTS CLASSIFIED "U.S. PULLORUM-TYPHOID CLEAN"	ADDITIONAL CLASSIFICATIONS FOR WHICH THESE PRODUCTS QUALIFY
Part 146 Submissions Please insert the following for each submission: -Name of Farm or Company (146B) -Name of Slaughter Plant (146C) -Name of Slaughter Plant (146D) -Name of Slaughter Plant (146E) OR -Name of Farm/Company (146E) (Raised for Release game birds and waterfowl) -Participant's complete physical mailing address (do not enter a P.O. box).	Enter ONLY 1 Subpart: <u>Subparts</u> 6B 6C 6D 6E 6E	Choose ONE of the following criteria: Commercial Table Egg Layer Chicken Slaughter Plant Turkey Slaughter Plant Game Birds/Waterfowl Slaughter Plant Raised for Release Game Birds/Waterfowl	No stock code or Plant # required Plant #: _____ Plant #: _____ Plant #: _____ No stock code or Plant # required	Enter classification that the flock has been tested for <u>Classification:</u> **H5/H7 AI Monitored (only classification for all 146 subparts)

VS FORM 9-5 Replaces NPIP Form 27 which is obsolete
(MAR 81)

Any Questions please call the NPIP office for assistance at 770-922-3496

VS
Form
9-3

REPORT NUMBER

C030226

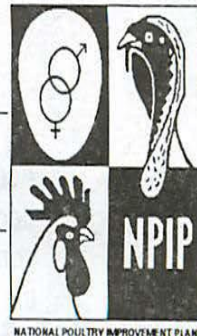
UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
NATIONAL POULTRY IMPROVEMENT PLAN

1. DATE OF SHIPMENT

REPORT OF SALES OF HATCHING EGGS, CHICKS, AND POULTS

2. NAME, PHYSICAL ADDRESS, AND PHONE NUMBER OF PURCHASER

3. NAME, PHYSICAL ADDRESS, AND PHONE NUMBER OF PRODUCER OR SHIPPER



4. QUANTITY	5. VARIETY, STRAINS, OR TRADE NAME	6. PRODUCT			7. SEX			8. TYPE (INTENDED USE)						9. CLASSIFICATION – U.S.																		
		Chicken Eggs	Turkey Eggs	Chicks	Poults	Other	Straight-run	Females	Males	Commercial Production Stock			Multiplier Breeding Stock			Primary Breeding Stock			Pullorum Typhoid Clean	M. Gallisepticum Clean	M. Synoviae Clean	M. Meleagridis Clean	S. Enteritidis Clean	Salmonella Monitored	Sanitation Monitored	Avian Influenza Clean	H5/H7 AI Monitored	H5/H7 AI Clean	M.G. Monitored	M.S. Monitored	OTHER (Specify)	
										Eggs	Meat	Other	Eggs	Meat	Other	Eggs	Meat	Other														

10. REMARKS (Services performed on products in shipment, e.g., vaccination, beak trimming, dubbing, etc., but not necessarily certified by State Inspector.)

This is to certify that the above name producer or shipper is participating in the National Poultry Improvement Plan

11. SIGNATURE OF STATE INSPECTOR

12. DATE

VS FORM 9-3
DEC 2011

(Previous editions are obsolete.)

PART 1 -- TO ACCOMPANY SHIPMENT

Part 1- To Accompany Shipment

This is to certify that the description and classification of the products listed above are properly indicated.

13. SIGNATURE OF STATE INSPECTOR

14. DATE

VS FORM 9-3
DEC 2011

(Previous editions are obsolete.)

AFTER ITEMS 13 & 14 ARE COMPLETED

PART 2-- PURCHASER'S OSA COPY

Part 2- Foreign Purchaser's Copy or Domestic Purchaser's Official State Agency Copy (after items 13 and 14 are completed)

This is to certify that the description and classification of the products listed above are properly indicated.

13. SIGNATURE OF STATE INSPECTOR

14. DATE

VS FORM 9-3
DEC 2011

(Previous editions are obsolete.)

PART 3-- SHIPPER'S OSA COPY

Part 3- Shipper's Official State Agency Copy

This is to certify that the description and classification of the products listed above are properly indicated.

13. SIGNATURE OF STATE INSPECTOR

14. DATE

VS FORM 9-3
DEC 2011

(Previous editions are obsolete.)

PART 4-- SHIPPER'S COPY

Part 4- Shipper's Copy

VS
Form
9-2

OMB Approved 0579-0007

See reverse side for additional information

REPORT NO. **O 0001**UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
NATIONAL POULTRY IMPROVEMENT PLAN**FLOCK SELECTING AND
TESTING REPORT****SUBPART**

- ☐ B - Egg Type Chickens
☐ C - Meat Type Chickens
☐ D - Turkeys
☐ E - Waterfowl, Exhibition Poultry, and Game Birds
☐ F - Ostrich
☐ Other

CLASSIFICATION - U. S.

- ☐ Pullorum - Typhoid Clean
☐ M. Gallisepticum Clean
☐ M. Synoviae Clean
☐ Sanitation Monitored
☐ M. Meleagris Clean
- ☐ Salmonella Enteritidis Clean
☐ Salmonella Monitored
☐ M.G. Monitored
☐ M.S. Monitored
☐ Avian Influenza Clean
☐ H5/H7 Avian Influenza Monitored
☐ Other

TYPE☐ Primary☐ Multiplier

1. Name and Address of Flock Owner (Include ZIP Code)

2. Location of Flock

3. Date of Preceding Test - This Location

4. Supply Flock for: (Name and Address of Hatchery or Dealer - include ZIP Code)

Approval Number

5. Breed, Variety, Strain, or Trade Name of Stock

Age of Birds

Code Identification

6. Males (Source and Number)

Date of Hatch

7. Females (Source and Number)

Date of Hatch

8. Total Birds in Flock

Blood Testing	a. Number of Males Tested	b. Number of Females Tested	c. TOTAL Number Tested	d. Number of Reactors	e. Number Sent to Laboratory	f. Laboratory Findings
9. PULLORUM TYPHOID						
10. M. GALLISEPTICUM						
11. M. SYNOVIAE						
12. OTHER (Specify)						

AGREEMENT OF FLOCK OWNER

I agree to keep my poultry breeding stock segregated from other poultry and in accordance with the provisions of the Plan and regulations of the official State Agency. I further agree to flock inspection by a representative of the official State Agency as prescribed by the provisions and regulations.

Signature of Inspector or Authorized Agent

Date

Signature of Flock Owner

Date

VS FORM 9-2 (JUN 2012)

Previous edition may be used.

PART 1 - OFFICIAL STATE AGENCY COPY